

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

Registration District No. **210** **1945**

Primary Registration District No. **3076**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County **Vernon**

(b) City or town **Nevada**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **/**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ (years, months or days)

**3. (a) PRINTED FULL NAME** **Bernice Ruth Wood**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June 17, 1930**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>15</b>	<b>4</b>	<b>25</b>	hr. <b>1</b> min.

9. Birthplace **Des Moines Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name **Gay Heart Wood**

13. Birthplace **Andover S. Dakota**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Zellers**

15. Birthplace **Vinton Iowa**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Wood**

(b) Address **1616 E. 42nd st, Des Moines**

17. (a) **Removal** (b) Date thereof **II-12-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Des, Moines, Iowa**

18. (a) Signature of funeral director **Eichinger Funeral Home**

(b) Address **Nevada, Mo.**

19. (a) **Nov 16 45** (b) **Walthyn Nancy**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Iowa** (b) County **Polk**

(c) City or town **Des Moines**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1616 E. 42nd St**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **II** day **II**  
year **45** hour **4** minute **30** **A** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxiated accidental death caused by gas stove**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **No**

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **II-11-45**

(c) Where did injury occur? **Nevada, Vernon, Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Hill Top Cabins**

While at work? **asleep** (Specify type of place) (e) Means of injury **asphyxiated**

23. Signature **M. E. Eichinger** **Goroner**  
Address **Nevada, Mo.** Date signed **11/12/45**

Office No. 7,  
11-45-1189  
Date Filed 12-10-45

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2656

P. O. Address.....

Nevada, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**